

from the air; but that which has been applied upon the flesh forms a hard crust, resounding like a piece of charcoal, perfectly dry, circumscribed in its limits, and of a depth equal to the thickness of the layer which was applied.

"This eschar began to separate between the eighth and tenth day, in a patient who had only been subjected to a slight application. In a patient affected with scirrhus, to whom more than a *hundred grammes* of the caustic ointment had been applied, it was satisfactorily seen that none of the phenomena of absorption occurred; and that, besides, the caustic had the effect of completely removing the disgusting smell which the cancer had hitherto had, and which annoyed both the patient and his neighbours. The cauterized tissues exhaled even an odour rather agreeable than fetid. Till new facts permit us to appreciate better the value of this new agent, we think it proper to direct attention to three important conditions which it presents, viz.:—

"1. The exact circumscribing of its action to the limits traced by the ointment; 2. The quick throwing off of the slough; and, 3. The absence of serious absorption."—*Northern Journ. of Med.*, Sept. 1845, from *Annales de Thérapeutique*.

MEDICAL PATHOLOGY AND THERAPEUTICS AND PRACTICAL MEDICINE.

14. *Survivance for Forty days after the Separation of forty-four inches of Intestine.*—This remarkable case is recorded by Mr. HILL in the *Monthly Journal of Medical Science* for August last. The subject of it was a lady sixty-five years of age, who had been long in delicate health and a sufferer from constipation. Whilst on a visit to her friends she neglected the use of laxatives. She became constipated on the 18th of August. This was followed after eight days by severe pain in the abdomen, tympanitis, the rejection of every kind of food, &c. The constipation persisted in spite of medicine until the 31st August, when she had several copious and very offensive motions, which relieved tenderness of abdomen, &c. Diarrhœa succeeded, and on the 5th September Mr. H. was sent for in consequence of something protruding from the rectum. On examination Mr. H. found a shriveled substance about four inches long hanging down and attached to something soft within the sphincter. Gentle and continued traction brought away a portion of the entire intestine, which, with what had been protruded, measured forty-four inches;—it was so decayed as to taint the whole apartment with its putrid odour. The tendency to diarrhœa continued for ten days after this, but was kept in check by opiate enemata. A little food was taken with relish, and the patient complained only of debility; she became extremely emaciated, and on the 14th of October, forty days after the separation of the portion of intestine, she sunk exhausted.

On examination, the intestines were traced from the stomach downwards, and found healthy onwards to the colon, which, from the left iliac region upwards to the lower rib, had formed strong adhesions to all the neighbouring parts: it was dark and fragile at its lower part. A large cavity was formed, on a line with and above the *os ilium*, by adhesions: it was full of feculent matter—the upper part of the rectum and the lower portion of the colon opened into this cavity. The sigmoid flexure was wholly wanting; and the colon, from the caput cæcum to its termination in the cavity, as above described, measured only fourteen inches.

"In this highly interesting case," Mr. Hill remarks, "involution of the bowels must have taken place, leading to amputation and throwing off of the sigmoid flexure. The adhesions formed a strongly walled cavity, which prevented the escape of feculent matter into the general cavity of the abdomen. The ingesta had traversed the intestines in the natural way; and first filling completely the cavity described, had then forced their way down through the rectum. This is obviously the explanation of the motions being latterly so regular and so apparently natural."

15. *Varicose Tumour of the Pia Mater.*—M. BAILLARGER presented to the Medical Society of Paris a pathological specimen, exhibiting an example, probably unique

in the annals of science, of a varicose tumour of the vessels of the pia mater penetrating into the substance of the right hemisphere of the brain. No tumour was visible on the surface of the brain, but at the base of the right hemisphere a vein distinctly dilated was visible, and which could be traced into the interior of the cerebral substance, where a considerable group of varicose veins existed which extended to the right ventricle.

This specimen was obtained from a woman 46 years of age, who, during her life, presented symptoms having no relation with the alteration of the brain. Thus she was affected with general paralysis, which was afterwards complicated with a gangrenous diathesis. Gangrenous spots appeared on the inside of the arms and thighs, and what was very curious, on the palatine arch, all the soft parts of which were destroyed. The arteries and veins of the gangrenous parts exhibited no alteration of structure.—*Revue Médicale*, Nov. 1844.

16. *Combination of Valerian and Oxide of Zinc in Dysmenorrhœa.* (*Dublin Hospital Gazette*, Sept. 1, 1845.)—Dr. JOHN ALDRIDGE has employed the following formula, in a number of cases of dysmenorrhœa, with advantage:—*R.* Infusi valerianæ \mathfrak{z} ivss; Tincturæ valerianæ \mathfrak{z} j; Sulphatis zinci gr. xij; Aquæ ammoniæ q. s.; Aq. puræ \mathfrak{z} ss. Solve sulphatem zinci in aquâ, dein adde guttatim aquæ ammoniæ q. s. ad solutionem, denique misce simul. omniâ. Sumat unciam ter in die.

The relief afforded by this remedy in ordinary cases, Dr. A. says, is very rapid, the pains being often relieved within twenty-four hours.

17. *Extra-thoracic Pneumothorax.*—Dr. STOKES communicated to the Pathological Society of Dublin, April 26, 1845, a case, remarkable as exhibiting an example of the phenomena of pneumothorax being produced by a cavity situated external to the walls of the chest. It was that of a soldier, aged twenty, and it was important to remark, that although at the time he came under professional observation, he presented the most extensive lesions, he had up to that period performed his duties without complaint. He was taken into the Royal Infirmary on the 25th of February last, and it was then found that he had a large elastic tumour, situated upon the inferior angle of the right scapula, and extending towards the spinal column. He stated that the swelling had been gradually increasing for some time; but that he had no pain in the part, nor had he ever received any injury. Upon examining the tumour, the inferior part was found to contain liquid, while the remainder was filled with air. He had cough unattended with expectoration, and he was able to sleep on either side or on the back. At this period, the respiratory murmur could be heard all over the swelling, and loud rales developed themselves whenever he coughed.

On the 6th of April he came under the care of Dr. Tice, who made the following note of his state at that time:—

“Cough frequent, accompanied by trifling expectoration of frothy mucus; respiration hurried; dyspnœa, and considerable debility; percussion over the tumour tympanitic, except at the inferior angle of the scapula, where it is dull; a loud respiratory murmur heard throughout, with metallic resonance; on coughing, a rush of air takes place into the tumour, accompanied by much noise, as if traversing liquid. Below the clavicle of right side, trifling dullness exists; respiration is cavernous, and here metallic tinkling can be distinctly heard; percussion over the remainder of the right side normal, as also upon the left; loud moist rales accompany inspiration and expiration.”

From this period the tumour rapidly filled with liquid, without alteration in the symptoms until the 20th, when he became hectic, and now the cough was attended by purulent expectoration. Upon examining the swelling, it was found to extend from the outer border of the right axilla across the superior part of the spine of the scapula, across the vertebral column, as far as three inches from the spinous processes: it spread downwards to the last rib; but laterally it seemed limited within two inches of the border of the axilla, so that all the lateral and anterior part of the chest remained free. Over the whole posterior and lateral parts of the right side not occupied by the tumour, there was some dullness on percussion; a large moist crepitus heard most distinctly in inspiration, with occasional bronchitic

rales. The same crepitus was audible over every part of the tumour except along the left side of the spine, when a loud sonorous rale replaced the natural respiration, both in inspiration and expiration, and here a metallic resonance was audible, especially when he coughed or spoke. A similar moist crepitus existed over the front of both sides of chest, mixed with bronchitic rales inferiorly.

An incision was made into the tumour at its most depending portion, and about four ounces of healthy pus was discharged. Nature had made an opening at the inferior angle of the scapula, and the pus discharged was similar to that found in empyema. On making him cough, the force and the quantity of air discharged through the inferior opening were remarkable. The operation afforded some relief; but he sunk on the night of the 24th.

Dr. Stokes said, that for the foregoing particulars of this case he was indebted to Dr. Tice. He (Dr. Stokes) had examined him a short time before his decease, and was enabled to confirm the description of the symptoms. He was present at the autopsy made on the 25th, when a large cavity was found in the integuments in the situation of the tumour: this was lined by a thin membrane and traversed by bands, and so far resembled a tuberculous abscess. It communicated by a narrow fistula, passing under the capsular ligament of the shoulder joint, and through the first intercostal space with a very minute cavity in the superior part of the right lung, just at the place where cavernous respiration and metallic phenomena were audible during life.

Dr. Stokes considered that there were many points deserving of attention in this case. First—the latency with which the disease commenced; that a man labouring under such an amount of disease could perform the arduous duties of a private soldier, must appear extraordinary. Secondly—the manner in which the signs of a large cavity under the right clavicle were simulated by an exceedingly small cavity communicating by fistula with a large extra-thoracic abscess, was worthy of attention. He (Dr. Stokes) thought that the great amount of flattening which existed in this case might have served to clear the diagnosis; for he believed that flattening under the clavicles was rather the result of atrophy and pulmonary induration than of ulcerative excavation. Thirdly—the rapid supervention of profuse purulent expectoration towards the close of this case, although the only cavity that could be discovered after death was very small, was deserving of notice. It was now generally conceded that purulent expectoration was no evidence of ulceration; but he (Dr. Stokes) would go still farther, and state his conviction, that in many cases the pus contained in sputa, even where cavities exist, does not proceed from them, but is the product of bronchial secretion. He believed that the contents of cavities are but rarely expectorated, and he regarded the pus spit up as the result of a vicarious secretion from the bronchial tubes, just as he looks on the purulent expectoration synchronous with the disappearance of an empyema, as in cases described by Dr. Green; and with the absorption of an hepatic abscess as reported by Dr. Corrigan, as the product of vicarious bronchial secretion. Lastly—this case was remarkable as presenting an example of a pneumothorax located external to the ribs; so that now we are acquainted with three forms of pneumothorax—the common form described by Laennec; secondly, the form to which he had drawn the attention of the society on a former occasion, where the air had occupied a space between the pleura and the lung; and thirdly, the present, which might be considered an extra-thoracic variety.

18. *Treatment of Disease by Moist Air.*—Dr. GOLDING BRID read a paper before the Medical Society of London (Sept. 29, 1845), on this subject. After showing the great importance of attention to the skin, and its secretion, and the influence it exerted in degenerating internal organs, particularly when in a state of congestion, he drew attention to the mode in which he carried out his practice. He claimed no merit on the score of novelty; for the plan of treatment was as old as the hills; the particular mode, however, of carrying it out had some claim to originality.

Selecting, if the choice be permitted, a bed-room as small and as free from draughts as possible, the windows are carefully closed, and if the casements do not fit accurately, strips of paper should be pasted over the junctures. A stout sheet or blanket should then be fastened with a nail or two to the lintel of the

door outside, so as to hang down and prevent currents of cold air entering the room during the ingress and egress of the attendants, a large fire being lighted in the grate, which should never be allowed to go out during the treatment. A thermometer should be suspended over the patient's bed, so as to be about two or three feet from its centre, and carefully watched: the indications of this instrument should be the sole guide for raising or depressing the fire, and a temperature of from 70° to 78° should be constantly maintained. A large kettle of water is placed on the hob, and kept boiling, so that a current of steam may be constantly poured into the room from its spout, which, for this purpose, must be elongated by the addition of a few feet of gas-pipe; and until this be procured, with a tube of stiff paper, or thin mill-board.

By these precautions, the room may, without the slightest difficulty, be kept at a nearly constant temperature for the requisite time. Indeed, it is remarkable how little variation is observed in the thermometric indications, when the most ordinary care is taken to prevent the entrance of long-continued draughts of air. Let us now suppose that a child, the subject of capillary bronchitis or pneumonia, be exposed to the influence of a bed-room arranged with these precautions, placed in bed, and supplied freely with diluents, as tea, toast-water, or common water, for which the little patients generally crave, and inquire what are the probable results of this treatment, independently of any other.

The first thing observed, generally, is a slight diminution in the rapidity of the respirations, which, for the most part, assume soon a less panting character; this may be accounted for by the more soothing effect of a genial temperature on the surface of the body, and by the warmer air inspired proving less stimulant to the lungs: and, contemporaneously with this, the cough, if present, diminishes in frequency and violence.

In a short time afterwards, the surface of the body, especially the extremities, if previously cold, as in suffocative pneumonia and bronchitis, become warmer; but if previously pungent and hot, they become moist, and in both cases a free perspiration bursts out, and continues in most cases for days. Should this not occur so soon as is wished, enveloping the chest in a large and thick hot linseed-meal poultice will generally turn the scale in favour of diaphoresis. It is here, indeed, that we find the advantage of rendering the air of the room moist by the evaporation of water. If mere dry air, of the temperature of 75° , be allowed to exert its influence on the parched skin of acute pneumonia, it seldom, if ever, excites perspiration; the orifices of the spinal sweat-ducts seem closed against the escape of perspired fluid—nay, it is not uncommon to meet with a sort of false miliary rash, really being sudamina, each formed by a drop of sweat, imprisoned by the cuticle.

He then detailed some interesting cases in which this plan had succeeded in effecting a cure.—*Lancet*, Oct. 4th, 1845.

19. *Death from Calculus in Appendix Vermiformis Cæci*.—Dr. Bury relates in the *Provincial Medical and Surgical Journal*, (Oct. 1, 1845,) a case of fatal peritonitis from calculus in the appendix vermiformis cæci. The calculus, which had caused ulceration and perforation of the appendix, was the size of a horse-bean, soft and pulsatious externally, and consisted of inspissated mucus, with a considerable proportion of phosphate of lime, and some carbonate of lime, with a small portion of crystallizable fatty matter, probably cholesteroline.

20. *Chlorotic Palpitation*.—Dr. CORRIGAN, in his lectures on diseases of the heart, now in the course of publication in the *Medical Times*, gives the following account of a peculiar functional disorder of the heart accompanying chlorosis. The following are its symptoms:—"Anæmia, characterized by the bloodless, tallowy appearance of the surface of the body; cough, oppressed breathing, dyspnoea, emaciation, loss of muscular strength, anasarcaous feet, and effusion, perhaps, into the cellular tissue of the body. To these symptoms, alarming enough in themselves, are added palpitation of the heart, and bruit de soufflet. Here we have a train of symptoms alarming enough to induce us to suppose our patient labouring under organic disease of the heart. We find these palpitations increased on taking exercise, and sometimes accompanied by pain in the region of the heart. Have

we any characteristic mark by which we can distinguish whether the above train of symptoms denotes organic disease of the heart or not? Yes. Although the other signs might readily deceive us as to its existence, yet by carefully examining the bruit, we can from it discover a means of arriving at the wished-for conclusion. The bruit, from the peculiarity of its sound, in these cases has been by the French writers termed *bruit de diable*. The sound closely resembles that produced by the schoolboy toy (with which, I am sure, you are all familiar), made of a piece of iron, or stiff leather, nicked at the edge, and strung on a cord by a hole through its centre. This, on being twirled through the air pretty briskly, produces a peculiar sound. The bruit here differs from that in organic disease in the following particular:—In organic affection the beats of the pulse being 50, 60, 70, 80, or 90 in a minute, the number of times bruit is heard will tally exactly with this, except in cases of permanent patency of the aorta, when the sound of the returning portion of blood causes double bruit. In chlorotic palpitation, no matter what the number of pulsations may be, the bruit does not correspond with them. You cannot count the number of times in which you hear *bruit de soufflet* in this affection. There it goes on continuously, whirring away for one-half, one, two, three, or ten seconds; there is no intermission in it as in organic disease; *it may hold on thus for half a minute or a minute, but during this time there is no cessation*. In this distinction we possess a never-failing criterion between functional disorder and organic disease of the heart. In the chlorotic *bruit de soufflet* you can hear this sound also in the internal jugular vein, when the stethoscope is applied to the neck,—this sound proceeding here from exactly similar physical causes as those which I have detailed in the lecture explanatory of the causes which operate in producing *bruit de soufflet*. In the disease before us we have the physical cause acting in full force, which is absolutely essential in producing this sound—namely, an incomplete distension of the large vessels with blood, owing to the deficient supply of it in the system. But you must bear in mind, that in a person of perfectly sound heart, and enjoying excellent health, you may have *bruit de soufflet* present, from some cause or other, of only momentary duration.

“The treatment of this chlorotic palpitation may be divided under two heads:—
1. To remove the constipated state of the bowels which always exists here, by means of purgative medicines, which are supposed to exert some specific stimulus on the uterus: of this class I think aloes the most preferable. 2. To improve the general state of health by the administration of a full diet of animal food, a moderate allowance of fermented liquors, by taking a sufficiency of exercise—walking, if possible, is to be preferred—and by the use of medicines which are supposed to possess the property of promoting materially the formation of red blood—chalybeates, for instance. By the use of these, and all other means which may suggest themselves to you as being useful in raising the debilitated system to a proper degree of vigour and to the highest possible tone, you will, in the majority of instances, quickly and effectually restore your patients to health.”—*Med. Times*, Aug. 9, 1845.

21. *Functional Disorder of the Heart depending on Spinal Irritation*.—Dr. CORRIGAN describes this affection as “consisting solely of palpitation, without any other irregularity of this organ, which we find attacking females about or at the period of puberty—say from fourteen to sixteen—and in some instances continuing until the persons so attacked have attained the age of thirty or thirty-five. The state of the catamenia here has no influence in producing this complaint, for we meet it in persons where this secretion is regular, irregular, wholly defective, or, on the contrary, morbidly profuse, and we often meet it co-existing with leucorrhœa. It may attack males as well as females, but the latter principally, particularly such of them as have given themselves the custom of wearing tightly-laced stays, and it is often met with in persons who have naturally narrow chests. In these cases the heart may be felt beating violently, and over a large extent of surface, sometimes accompanied by pain. In no case, no matter how violent the palpitation may be, is there any abnormal sound heard. The palpitation is much increased whenever the patient takes much pedestrian exercise, though (and the fact which I am about to mention is curious), if the person has been accustomed to horse exercise, she can take any amount of it without feeling any inconvenience from

palpitation. We often find persons who, having been delicate in early life, and subject to this affection, on being surrounded by a numerous family in after life, tell us that they have outgrown their disorder, have become stronger than it, and that they are no longer troubled with it. A curious circumstance connected with the pulse occurs in this affection. *If the pulse (as most often happens in it) be irregular and intermittent during the prevalence of the disorder, it still continues so after the complaint has disappeared, and will continue, too, irregular and intermittent, during the patient's lifetime.* If unacquainted with this fact, we might be led to infer, from the irregularity and intermission of the pulse in persons otherwise healthy-looking, the speedy accession, or even the presence of some severe disease of the heart. We frequently find this state of the pulse in delicate young females labouring under the affection of the heart in question, joined with pain of the left side, frequently extending towards the right. The existence of this pain makes them uneasy, fearing from its situation some fatal disease of the heart, and I have not unfrequently seen *the whole train of symptoms* treated by medical men as incipient pericarditis. Such an opinion is groundless, and one likely to lead to some aggravation of the functional disorder already existing. We often find this affection dependent upon spinal irritation, and the part of the column which is generally affected is the first or second, or sometimes the last of the dorsal vertebræ.

"This cause of the disease is frequently overlooked both by patient and physician in their anxiety about the palpitation, until evident symptoms of spinal disease show themselves either in the usual form of curvature where the body is bent forward, or in the more severe and unmanageable form, called by the French 'syphosis,' when the curve is lateral and angular.

"In cases where this affection depends on spinal irritation, we must immediately have recourse to the means best calculated to subdue this. For this purpose, the first step should be topical bleeding, from whatever situation the spinal irritations occupy. This we can determine by pressure along the spinous processes of the vertebræ. After this topical bleeding by leeches or cupping, we must direct the use of counter-irritation over the seat of disease. I do not know a better remedy for this purpose than the tartar-emetic ointment rubbed in every morning and night until it produces pustulation. Along with these radical means of cure, we shall derive very great advantage in controlling the distressing palpitations by the use of prussic acid or laurel water, in half drachm doses three times a day. Observing to follow up this line of treatment, we shall have the gratification of finding the heart symptoms disappear, according as the primary exciting cause is removed. In the cases which do not depend upon spinal irritation, we shall find our best account in a tonic plan of treatment, supporting the strength by every means in our power, and by keeping the digestive organs in proper order."—*Ibid.*

22. *Functional Disease of the Heart in Persons who have led Dissolute and Intemperate Lives.*—Dr. CORRIGAN, in his lectures on the diseases of the heart, describes a form of functional disease of the heart arising in persons who have led dissolute and intemperate lives. "In such persons," he remarks, "the complaint commences with palpitations, which are excessively troublesome, and annoy the patient to such an extent as to induce a fear that organic disease of the heart may be present, and which may prove quickly fatal. The action of the heart is violently strong and tumultuous, and is often accompanied with pain shooting down the left arm as far as the elbow: these palpitations are much increased when he walks or takes exercise, if at all of a violent nature. In this state he is miserable, dreading nothing so much as instantaneous death at some period (of course) unforeseen by him; yet, with all these complaints, when you examine the heart you find its sounds natural. The tongue, in this disease, presents an appearance which you could not, *a priori*, conjecture;—on examination, its sides, tip and dorsum, present a red and glazed appearance, indicative, in some degree, of subacute gastric inflammation. In this disease the stomach acquires the power of secreting air, which often takes place to an enormous extent; and if we press upon it towards its great arch, we shall find it somewhat elastic, and if we apply the stethoscope in this situation, we shall find the stomach tympanitic, and the sounds of the heart in this region become preternaturally clear and distinct. The reason of this is obvious. The stomach, being enormously distended with

its gaseous secretion, irritates the heart, and throws it into irregular action, while the sounds of the organ are transmitted with preternatural distinctness through a medium so well adapted for their conveyance as the air, which is secreted by the stomach in its present disordered state. I have seen this form of functional heart disease, as I have remarked already, in persons who have led dissolute, intemperate lives, addicted to excesses of every kind. I have seen more of it, however, in those persons who have returned from the civil wars in Spain than among any other class. I think that their mode of living while in Spain accounts satisfactorily for its very great prevalence among them. They were persons who, for the most part, were deprived, in a great measure, of a due supply of wholesome food; but who, in order to make up for this deficiency, addicted themselves to the intemperate use of stimulants of every class, such as green tea, tobacco, and, last not least, to the use of those which the country itself supplies with such lavish profusion—wine and brandy. Here we have all the causes necessary to produce gastric inflammation, and it is this which is the root of the disease.

"We shall find the appearance of the tongue of material benefit to us in pointing out the treatment to be adopted, which is nothing more than the removal of the gastric inflammation which exists in a subacute form. In our treatment of this affection, our first step should be the application of counter-irritation over the epigastrium, and this continued, too, for a considerable time. For this purpose I generally prescribe the croton oil liniment, made with a drachm of the oil to an ounce of spirit of turpentine, or compound camphor liniment. This is to be rubbed in every morning and night until pustulation is produced. Along with this topical treatment, I am in the habit of prescribing oxide of bismuth, in conjunction with bicarbonate of soda, or, better still, a combination of these two with the saccharine carbonate of iron in the following proportions:—

"R.—Sodæ bicarbon. gr. x.; Bismuth trisnitrat., Ferri c. saccharo, aa gr. viij., pro pulvere, ter. in die sumendo.

"This must be persevered in for some time, until the tongue becomes improved in appearance, the stomach loses its power of gaseous secretion, and the patient no longer complains of palpitation or any other irregularity of the heart. It will be needless for me to mention that, in addition to these means of cure, you must prohibit your patient most strictly from the use of tea and all other stimulants. Let his diet be one of a nutritious, non-stimulating character, containing animal food in quantity and quality suited to his enfeebled digestive powers." *Med. Times*, Aug. 16.

23. *Epileptic Palpitation*.—In the same lecture, Dr. CORRIGAN makes the following remarks relative to a functional affection of the heart which is caused by diseases of the brain. "It seems strange," he observes, "that an affection of the brain could cause palpitation of the heart, but, though strange, it is nevertheless true. You will be consulted by a young man, or by one probably in the prime of life, who will tell you that he has been attacked by palpitations for some time past, which render him uneasy, anxious and uncomfortable, and that they come on him when he takes exercise or is at all agitated. These palpitations frighten him very much, but when you examine the heart you find its sound perfectly normal. On questioning him as to the first occurrence of this irregular action of the heart, he will tell you, perhaps, that some short time ago he was attacked with a fainting fit, which he says has recurred since, and that, after the first attack of syncope, the palpitations began to annoy him. This is what the older writers termed *epilepsia silens*—silent epilepsy. About the fainting fits themselves, the patient has not the least concern; he fears only for the palpitation, and to this he directs your attention exclusively. These fainting fits, if allowed to proceed unchecked, will terminate, perhaps, in a very short time, in well marked and regular epilepsy. However, they may run on for a period of two years before the disease perfectly shows itself. Your attention will be awakened here by finding these fainting fits coming on at a period of life when they should be naturally absent, from the vigour which the constitution enjoys. You will, therefore, proceed to inquire from what cause it is that they arise. The heart, as I have said before, is perfectly normal in its sound; no disease there; no symptoms of irritation along the vertebral column. Where, then, does the mischief spring

from? The head, as I have remarked, is the cause of these alarming palpitations, and of those fits of syncope which have preceded the palpitations.

"We have now to consider the means best adapted to relieve both the cause and its effects. The medicine which I have found to possess properties the most serviceable and advantageous in arresting this disease is the digitalis purpurea, or fox-glove. I have witnessed more benefit in cases of this kind from the use of the digitalis (bleeding from the arm having been in every instance premised), than from any other remedy or class of remedies which I have seen tried. To produce its beneficial effects here, you must not content yourself with administering it in the small doses of the pharmacologists. The form of the drug which I have found most beneficial is the powder; it must be given in doses of *two or three grains at bedtime every night*, and in some cases, in *five grain doses*, until it exerts its peculiar effects on the constitution. You will, therefore, consider this affection of the heart only as it really is, one of secondary importance; and, in the selection of your remedial measures, you will proceed at once to strike at the root of the evil where it really exists—in the brain; and not until every trace of mischief has vanished from thence *can* your patient be free from these palpitations, which are to him a source of such needless alarm. Without my having told you, your own common sense would at once have made you acquainted with the propriety of keeping your patient as free as possible from every source of mental irritation, as this has been known to prolong the disease to an extremely protracted period of time."—*Ibid.*

24. *Functional Diseases of the Heart in Sedentary Persons.* By Dr. CORRIGAN.—"We often meet, in persons of sedentary habits, an affection of the heart, consisting of violent palpitation, which, as in all these cases of functional derangement of the heart, give the patient a great deal of unnecessary alarm. There is no abnormal sound here, though the heart may be felt acting with great vigour. If we examine these cases minutely, we shall find, in every one of them, evidences of venous congestion; the pulse is full and quick, the eyes are suffused, the patient feels more or less drowsy; there are sometimes a turgescence and lividity of the face, and swelling of the legs, and, occasionally, an inclination to syncope. These signs, if neglected for any period of time, will terminate in an attack of apoplexy, in all probability fatal. It is easy to conceive why, in these cases, the heart should become affected with palpitations, in consequence of the extraordinary quantity of blood thrown upon it by the sedentary habits of the patient—these palpitations being nothing more than the struggles of the overloaded ventricle to discharge completely the quantity of fluid contained within it.

"The treatment here is obvious and simple. Take blood from your patient to the extent of eight or ten ounces, so as partially to unload the ventricle; after that give a purgative, so as to unload the alimentary canal; and, in my opinion, you will have done everything requisite for your patient—in fact, you can do no more."—*Ibid.*

25. *On Thymic Asthma.* By M. TROUSSEAU.—A great deal has been written of late in Germany, says M. Trousseau, on *thymic asthma*—a disease first described a few years ago by Mr. Hood, of Kilmarnock. In this "newly-discovered" disease, the thymus gland is stated to give rise to convulsions and sudden death in infants by its enlargement. The existence of such an affection was from the first questioned by French pathologists, and M. Trousseau now states that his researches have proved to him, in the most satisfactory manner, that there is no such disease. The facts brought forward by the German physicians must be admitted, he states, but the interpretation which they give of these facts is erroneous. Instead of being instances of an undescribed form of disease, they are merely illustrations of *partial convulsions*. The analysis of the phenomena of convulsions in children has proved to M. Trousseau that such is the real nature of the cases narrated by Kopp and other physicians as examples of thymic asthma, as well as, partly, of others described under the name of *laryngismus stridulus*, or *acute asthma of Millar*. The following is a brief analysis of M. Trousseau's views on this subject:—

In children, convulsions (*éclampsie*) generally present the epileptic form. The

child screams, becomes stiff, twists its body, the thorax being fixed and the respiration suspended. The face, at first pale, becomes violet; the veins are distended; then follow clonic spasms, at first rapid, then slow; after which a deep expiration and general muscular relaxation close the fit, leaving more or less somnolence and stupor. The attack lasts one or two minutes. One paroxysm may be followed nearly immediately by another; indeed, they may succeed each other indefinitely, constituting an "état de mal." But when this is the case, the convulsions are not continuous, although sometimes considered so. They may, however, be continuous, and last for hours, or even days. When this is the case, the attack is often ushered in by an epileptic paroxysm, as above; but the spasms, instead of ceasing, are repeated every second, or at very short intervals. The convulsions are continuous, because there is never any complete cessation, nor the deep stupor which follows an ordinary paroxysm. In this form of convulsion, the child, although convulsed, does not lose all consciousness—an important feature in the disease. He cries to express a want or to complain of a pain, and is able to withdraw his hand when it is pinched or tickled. The convulsion is not, therefore, as universal as it appears; it is, rigorously speaking, *partial*.

Convulsions may be still further localized. After a severe epileptic attack, one-half of the body may remain for some hours affected with clonic spasmodic motions, and yet the intellect of the child be clear, and the motions of the other side of the body harmonious.

The convulsions hitherto described are easily recognized; but convulsions may be internal as well as partial, and then they are by no means so easy to appreciate; then, also, it is that difference of opinion as to the interpretation of the symptoms begins to be entertained. Internal convulsions are partial convulsions, occupying more particularly the muscles of the globe of the eye, of the pharynx, of the larynx, and of the apparatus of respiration. The most ordinary form of internal convulsion is characterized by turning of the globe of the eye with mobility, nearly total loss of consciousness, or, at least, a certain amount of stupor, extreme difficulty or impossibility of deglutition, and by respiration, uneven, sometimes scarcely perceptible, sometimes deep and blowing—in a word, by an attenuation of most of the phenomena of epilepsy, and by the absence of the violent convulsions of the limbs and face.

Sometimes the diaphragm and the inspiratory muscles of the abdomen and of the chest alone act, and then, for one, two or three minutes, a peculiar laryngeal blowing sound is heard, as if there existed an obstacle to the entrance and to the exit of the air. If the proper muscles of the larynx are at the same time convulsed, as their motions do not coincide, the disordered condition of the respiration appears alarming, although it is only really so when this state is much prolonged. Such is the real explanation of those states of disordered respiration which have been called thymic asthma, or laryngismus stridulus. A want of harmony between the spasmodic motions of the diaphragm, and of the muscles which move the arytenoid cartilages, is sufficient to produce the laryngeal sibilus, the orthopnea. In the regular act of inspiration, the superior part of the larynx opens at the same time that the diaphragm descends, and produces a vacuum in the chest. If the contraction of the diaphragm takes place too rapidly, and if, at the same time, there is spasm of the larynx, as in whooping-cough, the inspiration becomes nearly impossible, and is accompanied by a violent sibilus. In the case which we are examining, however, it is not necessary to call to our assistance a want of harmony between the movements of the diaphragm and those of the muscles of the larynx; it is sufficient to suppose that the will or the instinct no longer presides, for a moment, over the movements of the arytenoid cartilages; the muscles which move them, no longer obeying any nervous impulse, are for the time in the condition of those of animals in whom the recurrent laryngeal nerve has been divided.

The above details explain how it is that thymic asthma, so frequent in the eyes of some observers, is never found by others. The former attribute to an increase in size of the thymus, accompanied by paroxysmic accidents, what the latter consider to be merely one of the forms of convulsions in children. The thymus, like the supra-renal capsules, is an organ of transition, destined to become atrophied after the birth of the human fœtus, and less than any other organ likely to be hypertrophied. During the six years that M. Trousseau has been at the head

of important wards for very young children, he has not once met with the thymus gland sufficiently enlarged to give rise to the slightest accident.

M. Trousseau concludes his essay by promising, in a future article, to point out the connection which exists between convulsions and laryngismus stridulus and the acute asthma of children. At the same time, he thinks it right to state that these diseases are not mere forms of infantile convulsions, as is the case with thymic asthma.—*Lancet*, Aug. 30, from *Journ. de Méd.*

26. *Aneurism of the Basilar Artery*.—An example of this very rare affection is recorded by Dr. PFEUFER, in *Allgemeine's Repertorium* for March, 1844. The subject of it was a man forty-one years of age, who had for many years experienced an occasional sudden inability to swallow. After suffering for a long time from severe headache, he was suddenly seized as with an apoplectic stroke, during which the breathing was stertorous, the eyes open; the feces and urine passed involuntarily. He recovered, however, in a few days, when he had a second similar attack commencing with constriction in the pharynx, but not followed by complete loss of consciousness. He recovered, but on his entry into the hospital presented the following symptoms. He was thin and weak-looking, and complained of a pain and stiffness along the spine and in the lower extremities. He had headache, with sensation of pressure on the brain, and constant ringing in the ears. His speech was quick, indistinct, and his voice hoarse. He was seized again with loss of sensation, &c., a few days after being in the hospital, with dilated, insensible pupil, stertorous breathing, involuntary evacuations of urine and feces, &c. He continued to scream without being able to speak, but recovered under copious blood-letting, ice to the head, blisters, &c. Fifteen days after this attack he suddenly expired.

The *pia mater* was raised by serous infiltration. The surface and posterior part of the hemispheres of the brain were tinged with alternate spots of deep and faint red, and reddish-yellow, due to a layer of extravasated blood, partly old, partly recent, lying between the membranes. Bloody serum filled the ventricles. The fornix was in part destroyed; the median parts of the brain softened and injected; the aqueduct of Sylvius filled with a fresh coat of blood; and the peduncles of the brain injected and softened in their superficial layers. The *pons Varolii*, *medulla oblongata*, and cerebellum, were covered by a layer of recently coagulated blood. On the right side of the basilar artery there existed an aneurismal sac of a reddish-blue colour, four lines long and three lines broad, filled with clotted blood, and pierced at its anterior and lower part with an orifice the size of the head of a pin. The artery in the neighbourhood was atheromatous, and several of the other arteries presented patches of the same degeneration. In the spinal canal there was a thick, newly-formed clot of blood between the *pia mater* and arachnoid membrane. On many points, marks of old sanguineous extravasations were remarked of a brown colour. The external layer of the spinal cord was coloured of a saffron-yellow colour. The abdominal and thoracic viscera were healthy.—*Ed. Med. & Surg. Journ.*, Oct. 1845.

27. *Effects of large Doses of Ether in cases of Enlarged Spleen*.—In an account of some cases of ague, treated by Dr. CORRIGAN at the Whitworth Hospital, and recorded in the *Hospital Gazette*, he alludes to the statement of Piorry in reference to the action of quinine, of which a single dose had the effect of reducing almost instantaneously the enlargement of the spleen which so generally accompanies ague; and then cites the following case, illustrative of similar effects produced by a large dose of ether given by himself:—

Henry Magee, a sailor, *ætat* 34, who had been exposed to a great deal of wet in various ways, had, while at work one day about two months previous to his admission, suddenly felt a general lassitude, with dull boring pains in his loins. After being two or three hours in this state, shivering supervened, which lasted for the two succeeding hours. Since that period he has had shivering fits almost every twenty-four hours, being pretty well during the intermissions. About a month before coming to the hospital, his abdomen became enlarged without previous pain or tenderness. On admission, December 2, 1844, he had shiverings almost every night, preceded by a feeling of creeping over his skin, a sense of

lassitude and depression, and an inclination to stretch himself. The duration of the rigours was very irregular, sometimes continuing a quarter of an hour, at other times two or three hours; usually followed by sleep, during which there was copious perspiration. The abdomen was swollen to a considerable size, with a distinct feeling of fluctuation; no tenderness in the liver or spleen; whites of the eyes not discoloured; tongue clean; urine considerable in amount, and high-coloured. Ordered, on the 4th, a senna mixture, and the day after pills with half a grain of aloes and half a grain of calomel three times a-day.

9.—Abdomen thirty-five inches, with a good deal of tympanitis over it; spleen much increased in size, encroaching on the thorax. To take ten grains of quinine at night. At the morning visit at eight o'clock, Dr. Corrigan found that the usual rigor had been absent the night before, but had come on at this moment, and on examination he was enabled to trace out with Bennet's pleximeter the area occupied by the spleen, the information afforded by percussion being so distinct, that there was no difficulty or danger of mistake in marking the boundaries. The margin of the spleen having been several times traced out in this way, its area was thus marked on this surface, and was found to occupy a space measuring six inches in length and seven and a half inches in breadth. The rigor being still on him, he was given two drachms of ether with twenty drops of tinct. opii. Five minutes after the rigour had entirely disappeared, the pulse had come down from 120 to 96, skin got warm, and the spleen only measured six inches and three-quarters by four inches and a half. The subsequent treatment consisted in the administration of a few ten-grain doses of quinine at bed-time; no rigor took place from the time the dose of ether was given, and the fluid in the abdomen disappeared under the use of a solution of iodide of iron, taken three times a-day. The man was discharged on the 30th of December.

The following facts are, Dr. Corrigan observes, established by the foregoing case:—1. That the spleen can suddenly alter its volume; 2. That other agents as well as quinine can effect this sudden alteration of size; 3. A confirmation of an old observation, that a cure of the disease may be effected by other remedies as well as quinine. Here, he observes, the ether acted even better than the quinine, large doses of which failed to cut short the disease, having merely prolonged the interval and made the supervention of the attack later than usual; but the two drachms of ether with opium at once cut short the cold fit, and the attack never returned.

To a woman who laboured under tertian ague, Dr. Corrigan gave, in the intervals of the fits, ten-grain doses of quinine, under which she recovered. A singular result in this case, he observes, followed the administration of the first dose. In two minutes after there was a reduction in the size of the spleen, similar to the former case, but in an hour or two the organ regained its former bulk; in the afternoon of the same day, however, it had again diminished, and the patient gradually recovered.

M. Kelly, ætat. 32, a sailor, had been attacked with ague several times in the course of nine months previous to his admission on the 3d of February, 1845, to the Whitworth Hospital.

4.—Had a fit of ague which lasted half an hour; during the fit there was considerable tenderness over the region of the spleen, and percussion showed it to be considerably enlarged. Skin cool and of a jaundiced hue; eyes also yellow. Spleen enlarged, occupying the space from the last rib to the crest of the ilium; tongue rough and furred in the centre; appetite bad; bowels regular; urine copious and high-coloured; sleeps badly at night; epigastrium tender on pressure.

A dose of ether was given to this man on the day after his admission in the cold stages, by a pupil who had seen its efficacy in the former case. The next day there was no fit, but the day after the attacks returned and continued. A pill of Pil. hydrarg. gr. ij, Calomel gr. j, Ext. taraxici gr. ij, Opii gr. 4, was given three times a-day until the gums were touched, and under this treatment, directed against the local subacute inflammation of the liver, the cold fits shortened from about two hours' duration to twenty minutes. By the use of the ordinary treatment of quinine the spleen now considerably decreased in size, and the man was discharged on the 13th of April.

Dr. Corrigan observes, in reference to chronic enlargement of the spleen, inde-

pendent of ague, that he has seen it occupy nearly the whole of the left side of the abdomen, remaining so for years without causing dropsy. He believes that considerable enlargement, where there is also induration, cannot be removed, having tried mercury, iodine and quinine, with no benefit, and has known counter-irritation to be equally inefficacious in the hands of others. The actual cautery, he observes, is a remedy in constant use in India. He is of opinion that, in cases of this kind, attention to the general health is better than trying to act on the local disease; and that if the constitution be not tampered with, there will probably be little injurious effect for many years; but that, as in all chronic cases, circumstances may arise requiring interference. For the relief of the oppressed breathing, difficulty of lying down at night, and inability to walk much, which most persons of large spleen complain of, Dr. Corrigan recommends the use of small bleedings, to the amount of four ounces repeated two or three times, at intervals of two or three days. There seems, in these cases, he observes, a great disposition to an accumulation of venous blood, as evidenced by the enlargement of the superficial veins over the body. The smallness of the pulse and coolness of the skin must not prevent the employment of the lancet; at the same time that large bleedings, which would depress the strength, must not be ventured on. The other means to be used to assist the bleedings must depend on the indications to be fulfilled.—*Med. Times*, Sept. 13, 1845.

28. *Ptyalism produced by colchicum*.—Dr. JOHN ALDRIDGE states (*Dublin Hospital Gazette*, Oct. 1, 1845), that he has seen three cases in which profuse ptyalism resulted from the use of half a drachm of tincture of the seeds of colchicum three times a-day during some time. In one of these cases at least, mercury had never been taken, nor had the patient ever been salivated. They were all cases of ophthalmia.

29. *On certain Pathological conditions of Milk as the cause of disease in Infants*.—M. ALBERT DONNÉ, in his *Cours de Microscopie*, (Paris, 1844, page 412,) observes, "Our ignorance in the present day with regard to the characters of good and bad milk in nurses, and the mode of distinguishing that which possesses qualities requisite for the life and health of the child, from that which only affords to it an unwholesome kind of food, is so great, that it is almost impossible to find a practitioner, nurse, or even chemist, capable of giving an opinion whether a given specimen of milk be of good or bad quality. The indifference with which this important question is regarded, is no doubt in great measure attributable to the difficulty of the subject, to the insufficiency of the results which chemical analyses have hitherto afforded, and to the want of a proper method in the examination of this substance. We cannot in reality attribute it to any lack of interest, or to the trifling importance of the question, for there is perhaps none which in a higher degree concerns the public health, the happiness and welfare of families, or which more frequently presents itself for solution; and I have no hesitation in stating, that all which has hitherto been said and written on the subject of milk, so far at least as regards its peculiar qualities in relation to the nourishment of infants, is absolutely valueless. No one, certainly, is likely to be deceived by the colour, consistence, or even the taste of milk; yet nothing can be more vague than are such characters; it is impossible to attach any real value to them; and since they are based on nothing positive, each person may interpret them as he pleases; consequently the attention of medical men is directed much rather to the general health of nurses than to the properties of their milk; and the examination of this secretion, if undertaken, is performed merely as a matter of form. Undoubtedly the general health is an indispensable condition, and one to which especial attention ought to be directed in the selection of a nurse; yet this condition is far from being the only one deserving of consideration, and it is well known that the best health is not always a guarantee for the good qualities of a nurse, or the nutritive properties of her milk; the lacteal secretion may be insufficient, or abnormal, in a woman otherwise perfectly healthy. Is it not a matter of daily observation, that one woman, although of a meagre sickly appearance, makes a better nurse than another woman of the healthiest aspect; and are we not frequently deceived as to the state of the constitution by external appearances? It is evident that the organs endowed with the function of secreting milk are, so to speak, placed too

much without the general economy, to allow of the qualities of this secretion being estimated by the integrity of other organs and the regularity of other functions. It is in the milk itself, therefore, that we must search for the characters of its good and bad qualities; and until we possess the means of observing its properties, and its good or bad nature in relation to the nourishment of infants, practice will be deprived of rule, the choice of nurses will be made in an empirical manner, and the determination of mothers who wish to suckle will more frequently be regulated by chance or caprice, than by reason, or with a due regard to the interest of their children." The subject has recently attracted the attention of M. Girard, who has furnished the following cases and observations. (*Archives Générales de Médecine*, June, 1845.)

CASE I.—In September, 1840, a child, aged five months, was brought to me. I was informed that it was strong and vigorous when born, and that it was at once delivered to the charge of a nurse, who had been suckling for fourteen months. It shortly became uneasy, cried incessantly, and was only quiet when at the breast; it gradually grew thin, and diarrhœa was established, the stools being of a green colour. When brought to me it presented the following condition: Its face was thin and pale, tongue red, with a few scattered aphthous points; belly tense; there was a bright erythematous redness over the thighs and nates; there was frequent diarrhœa, the stools green; vomiting of curdled milk several times a day; the child slept badly, frequently awaking. This was the third time the child had been attacked with an almost similar set of symptoms, except that the aphthous spots now appeared for the first time, and the attack generally was more severe than the former ones, which had disappeared under the use of baths, starch injections, and abstinence from food; the diarrhœa, however, had continued. Baths, injections, gargles were now in vain made use of; the diarrhœa obstinately remained, and the aphthous spots increased. The nurse's milk was very alkaline; it was not examined microscopically. Since the child did not mend, it was determined to change its milk, and a nurse was engaged who had only been suckling for three months. The beneficial effects of this change were very marked; in two days the diarrhœa had considerably abated, and after a week all the symptoms finally disappeared.

CASE II.—Madame S., aged 25, was on the 14th of November, 1844, delivered of her first child, a male, strong and well formed; she suckled this child for ten days, at which time her breasts becoming enlarged and painful, a nurse was engaged. This nurse was a middle-sized, dark-complexioned woman, about 30 years of age. She had no appearance of disease; her breasts were small; her milk was sweet, of good colour, consistence, and quantity, and about three weeks old. The child when delivered to her charge was in good condition, and its evacuations were healthy; but in a few days its sleep became disturbed; it grew thin; its stools became liquid, and very frequent, sometimes green, at others black; it had nausea and vomiting; a bright redness extended over the thighs and nates, and the child became very restless. On the 3d of December it presented the following appearances: emaciation extreme; skin dry and rough; diarrhœa frequent; stools green; the belly tense and painful; extensive erythema over the surface of the body; some vesicles on the scrotum; constant vomiting after taking the least quantity of liquid or milk; tongue red, and, as well as the mucous membrane lining the lips and cheeks, covered with numerous aphthous spots. I prescribed bran baths, water containing white of egg for drink, injections of linseed infusion with a drop of laudanum twice daily, and poultices to the abdomen. In spite of this treatment, however, the symptoms became more intense, the erythema extended, the aphthous spots became more confluent, ecchymatous pustules formed on the legs, the diarrhœa became more frequent, and the emaciation increased. This state of things continued until the 9th of December, when the nurse's milk was examined microscopically by M. Duforsé, and the following results obtained:—There was nothing peculiar in its colour; its consistence was that of milk containing much cream; treated with ammonia it became slightly viscous; it was neither acid nor alkaline. When a drop of this milk was examined with a microscope magnifying 300 diameters, it was observed, 1st, that the milk globules were in great abundance, such as is found to be the case in very rich milk; they were generally of a considerable size, and the largest

resembled small bladders half filled with liquid, and collapsed. Instead of having a pearl-like brilliancy, most of them, especially the large ones, were of a dull white colour, somewhat resembling opal; some of them, aggregated together, formed small groups, which could be moved about in all directions, without a single globule being detached. When submitted to slight pressure, these several groups spread out so as to occupy a surface five or six times greater than they presented at first, and they assume various forms. The smallest quantity of sulphuric ether introduced between the plates of glass dissolved a large quantity of them very rapidly. 2d. The field of the microscope was beset with roundish granular particles, perfectly colourless, and presenting all the characters described by J. Henlé, Donné, Mandl, Güterbrok, and other micographers.

[To these particles Donné first applied the name of *corps granuleux*, and describes them as invariably existing in colostrum, but disappearing gradually as the milk becomes older; so that after about the twentieth day, and usually much sooner, not a trace of them is to be found. They differ from ordinary milk globules (with which they co-exist) in form, size, general aspect, and internal composition. They are not always globular, but present all possible varieties of form, and also of size, the smallest being about one-hundredth of a millimetre, the largest many times this size; they are slightly transparent, usually of a yellowish colour, and of a granular aspect, appearing as if composed of a number of small granules aggregated together, or enclosed within a transparent envelop. Very often there exists in the centre or some other point of these little heaps a single globule, which is apparently nothing but a true milk globule imprisoned within the granular matter. The nature of these granular bodies is unknown; Donné supposes that they consist of fatty matter, and a peculiar mucous substance: they are not soluble in alkalies, but like true milk globules dissolve in ether, and after the evaporation of this reagent small heaps of acicular crystals remain on the glass. (*Cours de Microscopie*, par Alb. Donné, p. 400.) Although the existence of these granular bodies is commonly peculiar to colostrum alone, yet Donné (page 421), observes that they and the other peculiarities of the colostrum (as the large irregular size of the milk globules, which, instead of floating free, are agglomerated together into small masses), may persist for many months, or even to the end of suckling. The existence of this condition can only be discovered by the microscope, for the ordinary physical properties of milk, such as its whiteness, consistence, and other characters, are preserved; and the nurse may continue in perfect health: the child, however, usually grows thin, although it is continually at the breast, and it commonly becomes attacked with diarrhoea. The milk in this case of M. Girard seems to have retained many of the characters peculiar to colostrum; he thus continues the narration of it:—]

The propriety of changing the nurse was now suggested and adopted: the milk of several was examined microscopically, and one selected whose milk appeared perfectly pure. This change had scarcely been effected two days, when the diarrhoea and vomiting diminished, and speedily ceased altogether; the aphthous spots disappeared, the tongue resumed its natural colour, and the erythema faded. From this time the child speedily recovered its good looks, and became fat, its stools being natural, and sleep good.

CASE III.—Madame R., aged 28, was delivered of her seventh child in February, 1842; a male, strong, and well formed. One of her children had died when six months old from an affection characterized by ardent thirst, extreme emaciation, diarrhoea, with green stools, and glairy vomiting. The present child took the breast readily, and was apparently in good health, yet vomited occasionally after suckling; the milk to all appearance was perfectly good. About the beginning of the second month the vomitings increased in frequency. Supposing that the child filled its stomach too full, the breast was given to it less frequently, and a little *eau sucrée* substituted, yet after each time of taking the breast it still vomited, though it could retain other liquids: it soon grew thin and pale, and its bowels were alternately constipated and relaxed.

Towards the middle of the second month, the following symptoms suddenly occurred: the child screamed out, ceased to breathe, and became unconscious its face and hands assuming a livid hue: this condition lasted for a few seconds, and then passed off spontaneously, leaving the child weak and faint for some

hours. Within the next twenty days the child had many similar attacks, which came on at uncertain periods, both day and night, without any obvious cause: blisters, antispasmodics, and baths were employed, but without benefit. The vomiting still continued. The milk was now examined microscopically several times, at intervals of some days, and was found to present an enormous quantity of mucus without any other alteration. I informed the mother that it was essential the child should have other milk; this was repugnant to her, and she requested a few days' delay. Eight days afterwards, the vomitings having diminished, the milk was again examined, and presented a diminution in the quantity of mucus; but it again increased after a few days, and with this increase the vomitings returned as before. The child continued to grow thin; a little diarrhoea showed itself, and the chest affection remained. The mother, now becoming alarmed, consented to employ a nurse: the milk of seven different women who successively offered themselves, although to all appearance good, presented beneath the microscope either mucus granular bodies, or other alterations; therefore they were rejected. At length one was obtained whose milk microscopically was perfectly pure. Two days after taking this milk the vomitings entirely ceased, so also did the symptoms of asthma, and neither of them ever reappeared; the child speedily became fat, strong, and well, and remains so to the present time.

At the conclusion of these cases, M. Girard remarks, that "without wishing to generalize too much, or to establish a theory from a few facts, is it not, however, logical to observe here a relation of cause and effect? What do we see in the second case? A severe and frequently fatal affection, which was rapidly on the increase, had resisted all rational means adopted for its removal, and which yielded with the greatest facility to a change in the milk with which the child was fed. We observe this disease to coincide with the ingestion of milk impure and of bad quality, and we witness its disappearance with a truly marvelous rapidity so soon as milk of good quality is administered. And in the third case, although the symptoms were somewhat different, yet we observe them to occur coincidentally with the ingestion of impure milk, and to cease when milk of a pure quality is substituted. Is it unreasonable to conclude that certain severe pathological conditions may be produced by alterations in the milk alone, and may be dissipated even when they have attained a very high degree, by a return to milk of good quality? It would be a point of much importance to ascertain whether these alterations in the condition of milk could at any time coincide with the maintenance of perfect health in the child; also, it would be important to determine, if possible, whether a given alteration in milk most commonly or constantly induces such or such a pathological affection. Thus of the two cases last narrated we observe that in one a granular state of the milk induced an aphthous affection (the muguet), whilst in the other, a mucous condition gave rise to symptoms referable to the stomach and to the lungs; at any rate that these states were coincident with such affections. Of course it is not meant to be here implied that the pathology of infants is entirely under the influence of milk, but it seems probable that many hitherto inexplicable conditions may be so, and, moreover, that they might be explained by a simple examination of this liquid."—*London Med. Gaz.*, Oct., 1845.

30. *Fatal Hemoptysis in a Child four years of age.*—A case of this is related by DR. E. D. WALKER, of Teinmouth, in the *Provincial Med. and Surg. Journal*, Aug. 13, 1845.

31. *Laudanum in the delirium occurring in the last stage of Dothineritis.*—DR. MORAND, of Tours, is of opinion that great advantage may be derived from certain preparations of opium in the treatment of the delirium which supervenes in the last stage of dothineritis. He relates a case of a girl 11 years of age, who, on the 32d day of an attack of dothineritis, seemed in the most hopeless condition. She had continued delirium, and screamed without cessation. A potion containing fifteen drops of laudanum was ordered to be given every hour, which quieted her cries, procured sleep, and in 18 hours the delirium ceased. The potion was afterwards continued for a few days to prevent a return of the delirium, and with a nourishing regimen the patient entirely recovered.—*Journ. de Méd.*, Nov., 1845.